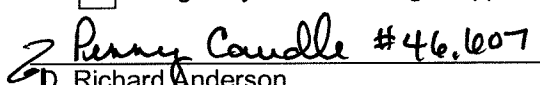


<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 1190-0609PUS1		
Application No. 10/541,628 - Conf. #8286	Filing Date July 7, 2005	Examiner A. YODICHKAS	Art Unit 2627		
Applicant(s): Tomo KISHIGAMI et al.					
Invention: OPTICAL RECORDING METHOD AND OPTICAL RECORDING DEVICE					
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-145</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	33	- 33 =	0	x	0.00
<b>Independent Claims</b>	4	- 4 =	0	x	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					0.00
<b>Other fee (please specify):</b>					0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 #46,607 D. Richard Anderson Attorney Reg. No.: 40439				Dated: <u>March 25, 2010</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road, Suite 100 East P.O. Box 747 Falls Church, VA 22040-0747 United States 703-205-8000					